

BUSINESS GROWTH TRAINING

GROW and EDUCATE YOUR MICROENTERPRISE TODAY!

Business Certifications

Industry Certifications

Microsoft

Bookkeeping

Cosmetology

CPR/First Aid

Green Certifications

Minority & WBE

Business Training

Social Media & Marketing

Quick Books

Computer Training

Business Tools

Listening to your Business Leadership Development

And more.....

Training Guidelines

Training funds are available for entrepreneurs for short term courses, workshops and certification programs.

• Training Use of Funds

Submit an application and explain how training will improve the business. Training can be paid up to \$2,500 per person and must be completed within one year. Participants are expected to complete the entire training and receive a certificate of completion.

Business Eligibility

Training funds are for small businesses that employ five or less people, including the owner. The business must be located in Louisville and the owner(s) must also reside in Louisville/Jefferson County.

Participants must meet the income eligibility guidelines

Household income cannot exceed chart below. Proof of income needed for all members of the household over age of 18. Need income information for all of the business owners' households.

Persons in Household	80% of Area Median Income (AMI)
1	\$ 35,750 or less
2	\$ 40,850 or less
3	\$ 45,950 or less
4	\$ 51,050 or less
5	\$ 55,050 or less
6	\$ 59,250 or less
7	\$ 63,350 or less
8	\$ 67,400 or less

GET STARTED TODAY!

Complete an application and return to CAP Enterprise, 810 Barret Avenue, Louisville, KY 40204 CONTACT: Syvoskia Bray Pope, 574-5168, Syvoskia.Pope@LouisvilleKy.gov or Rebecca Brenzel, 574-5866, Rebecca.Brenzel@LouisvilleKy.gov



Community Action Partnership CDBG TRAINING APPLICATION

APPLICANT INFORMATION								
Applicant's name								
Street Address				Zip Code				
Phone		Alternative Phone						
E-mail								
BUSINESS INFORMATION								
Is business open? Y N	Business name	ne		Business address		How many employees?		
Business web site address								
PURPOSE OF TRAINING (please explain below or on a separate sheet)								
How will this training increase revenue for your business and/or improve your business?								
TRAINING VENDOR Name of training class or program								
Name of training ca	ass or program							
Cost of training			Date of training					
Location of training			Vendor name (business providing training)					
CONTACT PERSON with TRAINING VENDOR								
Name		Phone		Email				